

# Flexible Spending Account (FSA)

The General-Purpose Health Flexible Spending Account allows you to set aside up to \$3,000 in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses not paid by insurance; including deductibles and copayments. Please refer to the next page for a list of eligible expenses or refer to the most recent version of IRS publication 502. The plan year runs from July 1st through June 30th.

You decide how much to deposit into your account. Your election amount is evenly deducted pre-tax from your paycheck throughout the plan year. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

If you don't use all the pre-tax dollars you deposited in your account(s), you will forfeit any balance in the account(s) at the end of the plan year. You have 90 days after the plan year ends to submit claims for expenses incurred during that plan year.

## Dependent Care Account

The Dependent Care account allows you to set aside tax-free dollars to pay for qualified dependent care expenses, such as daycare, that you would normally pay with after-tax dollars. Qualified dependents include children under age 13 and/or dependents who are physically or mentally unable to care for themselves. If your spouse is unemployed or doing volunteer work, you cannot set up a dependent care account. You must meet the following criteria in order to set up this account:

- You and your spouse both work; OR
- You are the single head of household; OR
- Your spouse is disabled or a full-time student.

Each calendar year the IRS allows you to contribute the following amounts depending on your family status:

- If you are single, the lesser of your earned income or \$5,000
- If you are married, you can contribute the lesser of
  - Your (or your spouse's) earned income
  - \$5,000 if filing jointly or \$2,500 if filing separately

### Plan Year

**July 1, 2024 through June 30, 2025**

### Once Enrolled, You May Not Change Your Election

You cannot change your annual election after the beginning of the plan year. However, there are certain limited situations when you can change your elections if you have qualified change in status.

### Flexible Spending Account – Eligible Expenses

Your Health Care Reimbursement Flexible Spending Account lets you pay for medical care expenses not covered by your insurance plan with pre-tax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness and be adequately substantiated by a medical practitioner. The products and services listed on the next page are examples of medical expenses eligible for payment under your FSA, to the extent that such services are not paid by your medical and/or dental insurance plan.

### REIMBURSEMENTS

If you do not use your debit card and you need to file a claim for reimbursements, you can fill out a claim form and attach any supporting information. For health care this will include receipts of the amount you paid and the date(s) on which you or a dependent received services. For dependent care this may include any contracts, letters, or receipts. You may submit this information on-line or you can send this information to Hello Further via email, fax, or standard mail.

Email: [CustomerSolutions@HelloFurther.com](mailto:CustomerSolutions@HelloFurther.com)

Fax: 866-231-0214

Telephone: 800-859-2144

Mailing Address:

PO Box 982814, El Paso, TX 79998-2814

Website: [www.HelloFurther.com](http://www.HelloFurther.com)

# Flexible Spending Account Eligible Expenses

## Eligible Expenses

These are only examples, and this list is not all-inclusive – it only provides some of the more common expenses.

Additional information is available in IRS Publication 502.

### Common Eligible Medical Expenses:

- Eyeglasses, eye exams, sunglasses
- (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays



### Health Care Reform & Over-the-Counter Items:

Over-the-Counter Medicine and Drugs do not require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patch-es
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication
- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers



### Ineligible Expenses:

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

### Dual Purpose Expenses That Potentially Qualify:

The expense must be for a specific medical reason and be accompanied by a prescription.

- Vitamins
- Supplements
- Massage therapy
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues



### Dependent Care Eligible Expenses:

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. See IRS Publication 503.
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
- \$5,000 – Married and filing federal taxes jointly or a single parent
- \$2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.

